M23000002185

Florida Department of State
Division of Corporations
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WEBULL PAY LLC

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Fax Audit # H23000098533 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Webull Pay LLC

2. (a) 44 Wall Street Suite 501
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
New York, New York 10005

(b) 44 Wall Street Suite 501
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
New York, New York 10005

3. 2/21/2022
Date of filing/registration in Florida

4. M22000002785
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
476 RIVERSIDE AVE.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
JACKSONVILLE, FL 32202

(b) Business Filings Incorporated
Enter name of NEW Registered Agent and/or NEW Registered Office address
1200 South Pine Island Road
NEW Registered Office Address
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changes was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Anthony Denier, Manager
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Chris Das, AVP, Business Filings Incorporated

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: $25.00

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